

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
Producer Licensing
PO Box 327
Trenton, New Jersey 07625-0327

REINSURANCE INTERMEDIARY AUTHORIZATION APPLICATION
Organization—Corporation-Partnership-Individual

A. IDENTIFYING INFORMATION:

Full Legal Name of Business Licensee: - OR- Full Legal name of Individual Licensee:

Trade Name, if any:

Date of Birth:_____

Resident Address:

FEIN #:_____

NJ Producer Reference #_____

B. BUSINESS INFORMATION:

Must supply street and location address. A P.O. Box alone is not sufficient.

Business Telephone # and area code:_____

FAX #:_____

Non-residents must attach a copy of a home state certification ONLY if their REINSURANCE INTERMEDIARY authority is not reflected in the Producer database (PDB). If home state does not authorize Reinsurance Intermediaries, please attach written explanation.

C. Identification of all officers, partners, directors and owners of 10% or more of the organization, or employees designated to act as reinsurance intermediaries.

Name: _____
(Last, First, Middle)
New Jersey License Reference # _____ Date of Birth _____

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(Last, First, Middle)
New Jersey License Reference # _____ Date of Birth _____

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Attach additional sheets if necessary.

D. You must answer the following questions, by checking “yes” or “no”

1. Have you (or the organization or any officer, partner, director or owner of 10% or more) or designated employee been arrested, indicted or convicted of a crime, misdemeanor or disorderly person offense in this State, or other state, or by the federal government since the effective date of your (their) producer license? Yes _____ No _____

If yes, attach a certified copy of the indictment of judgment or conviction, which may be obtained from the clerk of the court of where the conviction was entered.

2. Have you (or the organization or any officer, partner, director or owner of 10% or more) or designated employee had any business or professional license suspended or revoked since the effective date of your (their) producer license? Yes _____ No _____

If yes, attach a copy of the order or suspension or revocation from professional or governmental authority.

3. Are you (or any officer, partner, director or owner of 10% or more, if an organization) or designated employee indebted (other than current accounts) to any insurance Company, producer or insured or has any judgment been rendered against you, since the effective date of your (their) insurance producer license which has not been satisfied or vacated, for money received from or owned to any insurance Company, producer or insured? Yes _____ No _____

If yes, attach copies of the judgment and other information concerning the nature of and amount of the indebtedness.

E. I/We certify that:

1. I/We give the New Jersey Department of Banking and Insurance permission to verify any information supplied with any federal, state or local agency.
2. All of the information submitted in this application and all attachments is true and complete. I /We are aware that submitting false information in connection with this application is grounds for revocation of license and may subject me/us to other civil or criminal penalties.
3. As a licensed officer/partner of the organization or as an individual licensed producer, I understand that I am individually and jointly responsible for the insurance related conduct of the organization or employees.

Must be signed by all individuals identified in section C of the previous page. (Attach additional sheets if necessary.)

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	

G. Application Processing Fee \$20.00

Regarding resident licenses only: Each officer, partner and owner of 10% or more who is not a licensed insurance producer in New Jersey must participate in LIVE SCAN – digital fingerprinting. See www.njdobi.org for details.